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Date _____
(m/d/yyyy)

NORTH DAKOTA RETIREMENT AND INVESTMENT OFFICE
1930 BURNT BOAT DRIVE
PO BOX 7100 BISMARCK ND 58507-7100
(701) 328-9885 OR 1-800-952-2970

TI6-640-AA

PAGE ____

EMPLOYER'S REPORT OF ASSESSMENTS AND CONTRIBUTIONS FOR SCHOOL YEAR 07/01/____ THRU 06/30/____
(yyyy) (yyyy)

REPORT FOR: _____ MONTH ENDING: _____ TFFR USE ONLY: BATCH NO. _____
Employer Name Employer # (mm/yyyy) MODEL:

SALARY/ASSESSMENT TOTALS: _____ + _____ + _____ = _____
REPORTED AMOUNT

TOTAL MEMBERS REPORTED

THIS MONTH: _____

Payment of REPORTED AMOUNT due 15 days after month ending date.

I certify to the best of my knowledge that the information
given in this report is true and correct.

___ CHECK HERE AND UPDATE INFORMATION IF CHANGED

mailing name-_____

clerk name-_____

clerk address 1-_____

clerk address 2-_____

clerk city-_____

PHONE: _____
(include area code)

BUSINESS MANAGER SIGNATURE (DATE)

PREPARER SIGNATURE (IF NOT BUSINESS MANAGER) (DATE)